JB DOGM M/015/062	7/16/98	
SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested. 1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery (Extra charge)		
3. Article Addressed to:	4. Article Number	
	P 074 976 652	
FELICIA M BUSCEMI	Type of Service:	
INS CO OF THE STATE OF PA	Registered Insured	
70 PINE ST	COD Cortified COD Return Receipt for Merchandise	
NEW YORK NY 10270	generalistigen gelitet interioren generalisten men er er elle Militaria de ser en men er en er en er en er en	
i i	Always obtain signature of addressee	
DECEMBED	or agent and DATE DELIVERED.	
5. Signature Endors VED	8. Addressee's Address (ONLY if requested and fee paid)	
6. Signature - 11 Agen 2 1 1998		
X 1770		
7. Date of Delivery		
Ian King		
S Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-	-865 DOMESTIC RETURN RECEIPT	

UNITED STATES POSTAL SERVICE OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



RETURN

то



Print Sender's name, address, and ZIP Code in the space below.

Division of Oil, Gas and Mining 1594 West North Temple, Suite 1210 Box 145801 Salt Lake City, Utah 84114-5801

()) P 074 976 652

RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to FELICIA M BUSC INS CO OF THE STAT		ω.
Street and No. 70 PINE ST		D
P.O., State and ZIP Code NEW YORK NY 10270		OGM
Postage	S	_
Certified Fee		M/015/062
Special Delivery Fee	E	5/0
Restricted Delivery Fee		20
Return Receive Manager to whom a control of the Con		
Return Receip showing to whom, Date, and Address of Delivered	\	11
TOTAL Post I and Fees 1990	S	76/91
Postmark or Date		8

PS Form 3800, June 1985